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**TRANSMITTAL OF  
UTILITY  
APPLICATION  
UNDER 37  
C.F.R. §1.53**

Attorney Docket No.	24731-500G
First named inventor	Micheal L. Gruenberg
Express mail label #	EL675147244US
Date of mailing	April 2, 2001

**Application Elements**

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 87 pages  
(including claims and Abstract)
  - a. Title: AUTOLOGOUS IMMUNE CELL THERAPY:  
CELL COMPOSITIONS, METHODS AND  
APPLICATIONS TO TREATMENT OF HUMAN  
DISEASE
  - b. Number of claims: 101
3. ☐ \_\_\_ sheets of drawings with \_\_\_ Figs.
4. ☒ Copy of Declaration filed in parent  
application.
5. ☐ Sequence Listing
  - ☐ Paper copy (identical to computer copy)
  - ☐ Computer readable copy
  - ☐ Verified statement

**Accompanying Application Papers**

6. ☒ Copy of assignment from prior  
application
7. ☒ Small Entity Status is claimed
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

**SIGNATURE OF ATTORNEY/AGENT**

HELLER EHRMAN WHITE & McAULIFFE LLP

Stephanie Seidman  
Registration Number: 33,779

☒ Divisional application of prior application No: 08/700,565, filed July 25, 1996, which claims the benefit of priority under 35 U.S.C. §119(e) to provisional application 60/044,693, filed on July 26, 1995.

**CORRESPONDENCE ADDRESS**

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP
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09824906-040201

**FEE TRANSMITTAL  
ACCOMPANYING UTILITY  
APPLICATION UNDER  
37 C.F.R. §1.53**

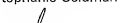
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## FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee		\$ 710.00
b)	Independent Claims	$\frac{5}{101} - 3 = \frac{2}{81}$	$\times \$ 80.00$
c)	Total Claims		\$ 160.00
		$\frac{101}{81} - 20 = \frac{81}{81}$	$\times \$ 18.00$
d)	Fee for Multiple Dependent Claims		\$ 1458.00
			\$ 0.00
			\$ 260.00
			\$ 0.00
			\$ 2328.00

- [X] Status as Small Entity is claimed,  
reducing Fee by one-half to \$1164.00
- [X] A check in the amount of \$1164.00 to cover the fee for filing the application.
- [ ] Charge \$ \_\_00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

### CORRESPONDENCE ADDRESS

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Submitted by:					
Typed or printed name	Stephanie Seidman			Reg. Number	33,779
Signature		Date	04/02/01	Deposit Account	50-1213